

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
*10623378*  
FILING DATE  
APPLICANT(S)

*12/29/04*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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48		/				
49		/				
50		/				
TOTAL IND.			/			
TOTAL DEP.			10			
TOTAL CLAIMS			11			

*	IND.	DEP.	*	IND.	DEP.	*
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TOTAL DEP.						
TOTAL CLAIMS						